

Appendix "A"

Appendix "A"

Exhibit 1

(Guarones 2018, 2019, 2020)



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018150582Date Received: JUN 18 2018Date Due: 28 July 2018Grievance Code: 5220Investigator ID #: I26012

Extension Date: \_\_\_\_\_

Date Retd to Offender: JUL 05 2018Offender Name: Herbert Darrell HAY TDCJ # 263672Unit: Pack Housing Assignment: A-1-14Unit where incident occurred: Pack

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Rick Nye, Mr. Heron & F. Avila, M.D. When? 6/15/18What was their response? Nre -- We been complaining for years (last 6/24/18)What action was taken? Nort -- Nre received a response to my complaint regarding work on the floor.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 6/15/2018, at the Dining room was as slick as you had to go to the walls. On Room 1, I am repeatedly since they installed air conditioning, have repeated slipped on the floor due to lack of condensation from the vents. On May 24, 2018, I wrote to Mr. Heron & to Rick Nye, and nothing since has been done to correct the extremely high risk of falls & injuries. At a day goes by that we don't have to tread through slippery floors. As an inmate with orthoarthritis in my knees, hips, and feet, I am vulnerable to slippery falls. There are solutions that can be purchased to put on the floor in those areas to make them non-slip. I suggest this last month, while you certainly don't have to do what I suggest, I thought it was a good suggestion but inmates with movement disabilities like myself are particularly at risk -- my last slip which I've been to the doctor once, and this month again (last week) he was supposed to have ordered pain med, but he didn't. Just this morning, I discovered a Bulge (about 1 or 1 1/2 inch protrusions in my lower abdomen -- I have submitted a sick call to verify a hernia.

JUN 18 2018

An inmate with movement disabilities, aged over 65 years, is at a substantial risk of serious injury or death ~~last~~ being forced to walk daily on wet & uneven surfaces (e.g. they have times put wet bags down) in Housing or Dining room! That is unacceptable as that causes additional problems that increases the risk. I slipped so bad, it gave me a Hernia.

Under the Texas Workforce Commission, this is a prima facie case of retaliation (pro) claim as the lack of adequate supervision of the SS1-Janitors -- they fail to keep signs up, and every 2 month, they have failed to put down even temporary non-skid materials for a known fall hazard in Housing & Dining room. This is particularly an ADA / Sec 504 failure to accommodate claim because Mr. Heredia & Risk Mgt officers has had over 30 days to correct these slippery areas with non-skid materials.

28 CFR § 35.130(b)(7) at 35.131 (2003). ADA / Sec. 504  
Tx Gov. & Gen. C. § 107.001-005 (verm 2005) enforced p.a.c.  
(America Sport Cooling)


JUN 18 2018

Action Requested to resolve your Complaint.  
reasonable accommodation: use of non-skid material on floor until Vent & leaks can be permanently fixed; proper use of signs Adequate cleaning, and temporary relief.

Offender Signature: X Herbert Daniel Hay, #263672 Date: 06/15/2018

Grievance Response:

Your complaint has been noted however, there is no evidence to support your claim. Any safety hazard concerning water on the floor is immediately cleaned up by food service and a wet floor sign is used. No further action is warranted.

Signature Authority:  Date: 6/30/18  
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
  - ☐ 2. Submission in excess of 1 every 7 days. \*
  - ☐ 3. Originals not submitted. \*
  - ☐ 4. Inappropriate/Excessive attachments. \*
  - ☐ 5. No documented attempt at informal resolution. \*
  - ☐ 6. No requested relief is stated. \*
  - ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
  - ☐ 8. The issue presented is not grievable.
  - ☐ 9. Redundant. Refer to grievance # \_\_\_\_\_
  - ☐ 10. Illegible/Incomprehensible. \*
  - ☐ 11. Inappropriate. \*
- Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	



## Texas Department of Criminal Justice

STEP 2

NOV 16 2018

OFFENDER  
GRIEVANCE FORM

Offender Name: Herbert DARRILL HAY TDCJ # 263672  
 Unit: PACK Housing Assignment: A-1-88  
 Unit where incident occurred: PACK

## OFFICE USE ONLY

Grievance #: 2018150582  
 UGI Recd Date: AUG 03 2018  
 HQ Recd Date: AUG 13 2018  
 Date Due: 9-12  
 Grievance Code: 522  
 Investigator ID#: I2358  
 Extension Date: 10-22-18

You must attach the completed Step 1 Grievance that has been accepted by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has not been processed.

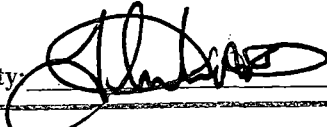
Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because... # 2018150582  
 Failed to address vents, moldy rot water on floor due to condensation in vents due to air conditioning and rain in Dorm 1 & Dining room -- I slipped twice once on Dorm 1 and once in Dining room (Right Side) both these areas are daily wet -- Previous grievances alerted unit official for need of remedial measures. Signs are not sufficient and are not always there. Condensation leads to mold in vents (not cleaned). These conditions are due to concrete floors (on obvious board when wet) due to high humidity & extreme temperatures. Counsel of a premises defect or negligent use of personal property (e.g. water warning signs by inmates). From Warden on down these conditions are known to all staff & maintenance personnel & no remedial measures have been taken to protect aged & disabled inmates. The reasonable accommodation -- to put down grit surfaces in showers is a reasonable accommodation. There have been no work orders made on condensation.

The response dated 6/30/18 is signed by unknown person, NO printed Name  
 No title. Signature unreadable.

Offender Signature: Herbert Daniel Nay, #263672 Date: 07/09/2018

Grievance Response:

Your grievance has been investigated. This issue was appropriately addressed at the Step 1 level.  
 The appropriate signage is used, and safety hazards are cleaned up as soon as they are noted.  
 Proper procedures are being followed. No further action required.  
 J. Lopez, ARD 10/19/18

Signature Authority: 

Date: 7/9/18

Returned because: *Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

#### OFFICE USE ONLY

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_





## Texas Department of Criminal Justice

OFFICE USE ONLY

# STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: Hay, Herbert TDCJ # 263672  
 Unit: PACK Housing Assignment: A-1-33  
 Unit where incident occurred: PACK Unit

Grievance #: 2019135278  
 Date Received: JUN 07 2019  
 Date Due: 07-07-19  
 Grievance Code: 815  
 Investigator ID #: I26472433  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: JUL 02 2019

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Major Sullivan When? 06-03-19

What was their response? I-60

What action was taken? No action taken, I submit Step 1 Grievance

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

ON 06-01-2019 and at 0500 AM I presented my pass for showers to Officer Bossiercott. He called infirmary security and then he let me out saying "They are ready for you". I wrote Julian Maldonado #1504198 and I proceeded to the infirmary door. Ms. Kayodecott stopped Maldonado asking him "What?" he displayed his pass and she opened the door widely for him to get in. I displayed my pass and said showers, went in and sat down. I heard Sgt Arneson bawling stating "Inmate come back here, you can't come in here like you did it". I proceeded over to Maldonado Lt. Doughty stated "these are transgenders" loud enough for other offenders to hear. I heard some of them snickering. The Lt ordered Maldonado to get out. Due to the standing there he ordered me to get out. When I didn't move he ordered me to get out. I told him I can't get out unless this offender in front of me move. The officer Kayodecott appeared confused as she just allowed us to go in to showers and she asked "When do you want me to shower" he replied let them wait a little while and shower them.

Sgt Amerson was not professional and wasn't trained properly. This is retaliation due to previous grievances filed against Sgt. Amerson and his staff.

## Action Requested to resolve your Complaint:

transfer to a unit that is trained to handle transgender offenders without embarrassing them

Offender Signature:

Grievance Response:

Date:

Your grievance has been received and investigated. There was no evidence found to substantiate your allegations against Sgt. Amerson and Lt. Daughtry. No further action warranted at this time.

Signature Authority:

Date: 07-01-19

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

## OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



NOV 19 2019



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Herbert D. Hay TDCJ # 263672  
 Unit: DACE Housing Assignment: A-1-38  
 Unit where incident occurred: DACE

## OFFICE USE ONLY

Grievance #: 2019135278  
 UGI Recd Date: JUL 03 2019  
 HQ Recd Date: JUL 08 2019  
 Date Due: 08-12  
 Grievance Code: 815  
 Investigator ID#: T1364  
 Extension Date: 9/21

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Breene Response (To #2019135278) investigation consisted of a written  
Response by Sgt Emms & Daughtery. It failed to interview the nurses present  
on the inmates given. So it was simply a denial, No investigation &  
a Rubber stamping by the warden whom condones such improper and  
discrimination toward transgender inmates.

H/DH

Offender Signature:

x Herbert Onnell Day #263672

Date:

07/02/2019

Grievance Response:

Your Step 2 grievance has been investigated by this office. There is insufficient evidence to support your allegations of unprofessional conduct by the staff named in your complaint. Staff conduct will continue to be monitored to ensure professionalism and policy compliance. Based on the information available at this time, no further action warranted.

Signature Authority:

B. BARNETT

Date:

SEP 27 2019

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

## OFFICE USE ONLY

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2019142293  
 Date Received: JUN 21 2019  
 Date Due: 08-05-19  
 Grievance Code: 600  
 Investigator ID #: I2647  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: OCT 04 2019

Offender Name: Herbert Darrell HAY TDCJ # 263672  
 Unit: PACK Housing Assignment: A-1-38  
 Unit where incident occurred: PACK unit

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 to Strobley, SDM When? 6/12/2019  
 What was their response? None  
 What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 06/17/2019, the officer told us to go to Pill line we were going. The Pill Line officer told me to go to the window which Mrs. Thomas, aide, was at. I did so & Mrs. Thomas began hollering in a rude manner telling me she wasn't ready, then almost immediately, told the inmate behind me to come -- The officer told me to go to the window. Mrs. Thomas started talking rudely to me again. I told her, "You don't have to talk to me that way, I'm just doing what I am". She said, "That officer isn't running the Pill line". Mrs. Thomas called me a "Bitch" then said, "Oh, you're not a female yet. Or words to that effect. Mrs. Gordon was present and inmates standing at the window & in line. I felt humiliated & degraded by her unprofessional conduct."

*This is the second time this employee has outed me in public to other inmates. And the second official to do so. This discrimination isn't done to the others, I have been singled out by her because I have filed grievances before on her misconduct.*

*Re-Write for 2019141733 screening # 10*

Action Requested to resolve your Complaint.

*Transfer to a unit that has personnel trained to handle transgender inmates, & investigation into her conduct, and issuance of Policy Statement on "outing" inmates.*

Offender Signature: *X Herbert Darrell Hay, #263672* Date: *06/21/2019*

Grievance Response:

There is no documentation to support said allegations toward staff member. If you have any medical issues submit a sick call, no further action warranted.

Signature Authority: *[Signature]*

Date: *9/25/19*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

GI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

OV 19 2019



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Herbert Marshall HAY TDCJ# 263672  
 Unit: Pack Housing Assignment: A-1-38  
 Unit where incident occurred: Pack Unit

## OFFICE USE ONLY

Grievance #: 2019142293  
 UGI Recd Date: OCT 07 2019  
 HQ Recd Date: OCT 10 2019  
 Date Due: 11-21  
 Grievance Code: EDU  
 Investigator ID#: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because.. See # 2019142293 response: Response failed to address or investigate witnesses -- where are their documents?? The response is retaliatory. There hasn't only if you credit them -- My testimony is evidence. Her retaliatory conduct for complaining to you & your logbook system is a full constitutional violation -- You have the notification records, so you can determine who was at the work when I was that was being processed by Thomas, D. While I was being processed by the other body. It doesn't look like he wanted to do this -- that's your job -- so it's clear, you don't want any documentation. This is the second time she has "outraged" me on my transgender status, and there was a whole room the first time. You exposed these cases. You are simply interfering with your employees violating my constitutional rights & Federal law by releasing Confidential Information that she shouldn't have access to in the first instance. Such practices of using medication aides to perform nurses duties (Vital etc also) and being allowed access to information they have not been properly trained to handle reflects your deliberate indifference to the release of that information when brought to your attention.



Offender Signature:

Herbert Russell Hay, #263672

Date:

10/07/2019

Grievance Response:

review of the Step 2 medical grievance has been completed regarding your request to be transferred to a unit with staff who are trained to care to transgender people. You also complained of a named staff member who you stated spoke to you in a rude manner on 6/17/2019 and insulted you as transgender, which violated your privacy.

Step 2 medical grievance agrees with the findings and response from Step 1. No documentation was found in your electronic health records (HR) of the event you stated occurred on 6/17/2019 at the Pill Window. The allegations of misconduct or reprisal by staff will be investigated. Even if substantiated, is privileged information and will not be revealed to the grievant. Please note, medical transfers are determined by the health care provider based on whether an offender's medical needs can be met at the current facility. The provider submits a request when it is determined your medical needs cannot be met at your unit of assignment (UOA). Health services staff and Classification review the request, however, the final decision to transfer an offender is made by Classification.

Documentation indicates since the time the Step 1 medical grievance was answered, you have continued to be seen in accordance with Correctional Managed Health Care Policy E-37.1. If you feel your situation has changed to warrant further evaluation, you are advised to submit a Sick Call Request (SCR) to the medical department. The review of the documentation indicates that you did not attempt informal resolution. Our facility has an Informal Complaints Process in place per Correctional Managed Health Care Policy A-12.1, Attachment A, HSA-34. In the future, you must first attempt resolution through this process.

Grievance Response:

**STEP II MEDICAL GRIEVANCE PROGRAM**  
**OFFICE OF PROFESSIONAL STANDARDS**  
**TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date:

10/15/19

Returned because: \*Resubmit this form when corrections are made.

- ☒ 1. Grievable time period has expired.
- ☒ 2. Illegible/Incomprehensible.\*
- ☒ 3. Originals not submitted.\*
- ☒ 4. Inappropriate/Excessive attachments.\*
- ☒ 5. Malicious use of vulgar, indecent, or physically threatening language.\*
- ☒ 6. Inappropriate.\*

CGO Staff Signature:

Offender Signature:

Signature Authority:

Returned because: \*Resubmit this form when corrections are made.

- ☒ 1. Grievable time period has expired.

I-128 Back (Revised 11-2010)

- ☒ 2. Originals not submitted.\*

**OFFICE USE ONLY**

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2nd Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3rd Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

**Appendix G**





## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2019112237

Date Received: APR 23 2019

Date Due: 05-07-19

Grievance Code: [REDACTED] 619

Investigator ID #: [REDACTED] 264

Extension Date: 7-28-19

Date Reid to Offender: 111 11 2019

Offender Name: Herbert Darrell Hay TDCJ # 263672

Unit: PACE Housing Assignment: A-1-38

Unit where incident occurred: PACE Unit

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 to Priscilla Mays Strocker When? 4/10/2019

What was their response? None, short-stopped by staff as I usually receive a response

What action was taken? None, see attach copy of I-60

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 4/10/2019 at 4:30, I was stopped when trying to get in PACE line and ordered to go back to Dorm. -- No opportunity to go back was given.

At Supper (5:30 PM) went to pill line -- gave I.D. to Nurse Hayes. She said, "You have to get your meds in A.M." I told her the Warden's release. She said, "I don't care, I'm not giving your meds to you." Rather than argue, I left.

On 4/10/2019 at 6:51 PM, I asked Mr. Brown about the denial of access that morning, as to what was going on. He said, "This is what's happening. If I tell you to go back to your wing, you go back to your wing." He left. This was at the Dorm 1 Bus. APR 22 2019

APR 22 2019

First, I was denied access to pill window, then given no opportunity to go later. At 5:30 PM, I again attempted to get my "daily" non-keop meds. Mrs. Hayes intentionally & deliberately denied those "daily" meds to me because I didn't get them in the morning. There is no written policy, that I have had Notice of that requires me to get those meds only in the A.M. That's Summary punishment for not obeying unwritten rules & regulations. APR 22 2019

APR 22 2019

My medication is suppose to be my choice when I get it & I normally get it in the afternoon, but the order try to

APR 22 2019

everyone to see at the same time, when they don't they deny me. I have repeatedly detailed this practice in the past. And Mrs. Hayes has twice now denied me medication because I did not get it in the morning -- even though I was turned away in the morning. I keep a legal journal and write declarations when these incidents happen. In ink and under oath of perjury so they are timely set in writing from when they happen.

APR 22 2019

attached: 2 pages I-60 to be sent to both levels (Step 1 & Step 2) for investigation. Both Action Requested to resolve your Complaint. Investigation as my informal resolution was stopped by staff, and not returned, and stopping the summary process & coercion to get me in a meeting to discuss. Offender Signature: X Herbert Earnell Hay, #263672 Date: 04/22/2019

Grievance Response:

Signature Authority: K. Shlan

Date: 6/28/19

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \* APR 22 2019
- ☒ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: A. Chel / A. Chel

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

## OFFICE USE ONLY

Initial Submission UGI Initials: AC

Grievance #: 201911486

Screening Criteria Used: 04

Date Recd from Offender: APR 22 2019

Date Returned to Offender: APR 22 2019

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Herbert D. Hay TDCJ# 263672  
 Unit: PACK Housing Assignment: A-1-38  
 Unit where incident occurred: PACK

## OFFICE USE ONLY

Grievance #: 2019112237  
 UGI Recd Date: 7-15-19  
 HQ Recd Date: JUL 22 2019  
 Date Due: 08-31  
 Grievance Code: 119  
 Investigator ID#: 10352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Grievance response (#2019112237) is unavailing. It is also a failure to address the merits of my complaint.

First, I was denied access to the pill line by security, and then when I went in the afternoon - I was again denied access to my medication due to an unwritten policy of aide's design which over rule a doctor's orders to give me my medication.

Second, I attempted to get my meds twice & due to no fault of my own I was refused meds, simply to enforce a petty aide's rule to "only" get it in the morning (by denying me my meds, when I explained that security interfered with me accessing the pill line. I was given no chance before 5:30am to access the pill line to get my meds. So she should have given me my meds when I was able to go to pill line.

My meds are automatically renewed a certain No. of times, and they were not limited to a particular time. I was getting them in the afternoon till "forced" by the aides to go in the morning. At which the line is so long that they are constantly sent back, and there is no guarantee that you'll even get a chance to go back - which I didn't that day!

*If it prevents the patient from getting his doctor ordered meds then this practice is unethical as it hurts the patient in the long run & violates the doctors orders to give the patient his medication.*

Offender Signature: Herbert Danell Hay, #263672 Date: 07/12/2019

Grievance Response:

A review of your Step 2 medical grievance was completed about being denied access to the pill window and was not given the opportunity to go back later on 04/10/2019. Your action requested was for an investigation and get your medications in the morning (AM).

An appellate review of the Step 2 medical grievance and electronic health records (EHR) indicates you were given appropriate information in the Step 1 medical grievance response. Upon further investigation, you were prescribed Ranitidine medication by the provider on 04/10/2019. The statement provided does not support the name nurse having any contact with you on 04/10/2019.

You are advised to continue to go to the pill window to receive your medication as prescribed by the provider. According to CMHC Policy A-01: Access to Care, you have been provided access to health care services for your medical concerns. Please submit a SCR to Medical if you feel your situation needs further evaluation. No further action is warranted at this time through the grievance process.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date:

7/26/19

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature:

**OFFICE USE ONLY**

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**





## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: HERBERT DARRELL HAY TDCJ # 263672  
 Unit: PACK Housing Assignment: A-1-38  
 Unit where incident occurred: PACK

OFFICE USE ONLY	
Grievance #:	<u>2020002082</u>
Date Received:	<u>SEP 05 2019</u>
Date Due:	<u>10/15/19</u>
Grievance Code:	<u>012</u>
Investigator ID #:	<u>I2147</u>
Extension Date:	
Date Ret'd to Offender:	<u>OCT 01 2019</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. Hurd, safe Prison

Who did you talk to (name, title)? Mr. Hurd, Chief of When? 08/29/2019

What was their response? Said he talk to jail about re-training

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 09/01/2019, I requested transfer to an AC safekeeping as I'm a transgender (male to female), I go by Debbie Doe. I'm on hormone injections, and have developed Breast. I've been outed by two staff members (Daughter, the old D. Thomas, Art. Med. Aide; and twice during shake downs, I have been subjected to routine daily Pat-downs by Mr. Thomas, who touched my Breast with her palms and hitting my Breast causing me physical pain; cause my Breast are growing -- as a result of hormonal resolution. The Major said he will re-train personnel. However, since then, I have been <sup>shaken</sup> down by male and female officers who have grabbed my Breasts (palms in -- instead of out. The most recent by the door officer assigned to Infirmary) -- I reported it to M. SUARZA, MHC, LPCI at Mental. She said, "I have to report this sexual assault. I explained to her that the door officer, a short black lady had grabbed my Breast, and then rubbed my nipples through my shirt pocket. She reported it to Mr. Hurd, safe Prison / PREA whom come and escorted me out of the infirmary. [Woodward] NOT

On 08/10/2019, the short, black female officer, who had routinely shook me down in the infirmary worked Dorm 1, and stood at my cubicle and stared at me while I was doing legal work. So I felt I had better document the incident (sexual assault) before she started retaliating against me.

This type of cross-sex Pat downs violate my civil rights, and these officers are suppose to be trained in handling transgender inmates on routine shake downs. I feel uncomfortable on this unit, as half the time up to six officers are out on emergency hospital trips; and re-staffing leaves one officer per 4 Dorms

One officer does not provide adequate security to 4 large doors w/ R/ind spots that cannot be seen from the hall posts. I, and other Transgender received a lot of sexual harassment. I have repeatedly sought safekeeping (AC) and received nothing in reply. As my Breast get larger, my risks go up in such an unsafe environment that is chronically overcrowded and understaffed.

RE-Write of 2020 000047

Screening # 10

illegible / incomprehensible

#### Action Requested to resolve your Complaint.

Transfer the Safekeeping to a unit with safekeeping AC, to female unit. Re-training of staff, use of metal detectors instead of Pat downs.

Offender Signature: X Herbert Danell Hay, #263672

Date: 09/03/2019

#### Grievance Response:

Your grievance has been received and investigated. A thorough investigation was conducted by Major Sullivan. Officer Woodard was interviewed and provided statement in regards to your allegations. Officer Woodard denies touching or rubbing your breast or nipples and states she was conducting a pat search of said offender according to policy. There is no evidence to support your allegations of staff misconduct or staff conducted themselves in an unprofessional manner. No further action is warranted at this time.

Signature Authority: 

Date: 9/30/19

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-123) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

JGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

#### OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<u>2<sup>nd</sup> Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<u>3<sup>rd</sup> Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	





## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Herbert D. Hay TDCJ # 263072  
 Unit: Pack Housing Assignment: A-1-38  
 Unit where incident occurred: Pack

## OFFICE USE ONLY

Grievance #: 2020002082  
 UGI Recd Date: OCT 04 2019  
 HQ Recd Date: OCT 09 2019  
 Date Due: 11-13  
 Grievance Code: 012  
 Investigator ID#: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_  
 NOV 04 2019

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I settled this, as a matter of faith, that major Sullivan would do as he said, but in talk to Officer Woodard, she said that she strikes down male offenders differently than female or transgender offenders. However, such is contrary to AD 3.22, in which all inmates are subjected to the same strike down; also the officer said in the response a denial that she did it. Well, I'll let that go, as promised, but she needs to be properly trained to strike down all inmates the same w/out requiring that inmate to identify she is a transgender. She never identified what policy that she relied upon. Please identify that policy -- the one I rely on is AD-3.22 as related to cross-sex searches (routine) and as applied to transgender inmates (male & female). Otherwise this will continue to happen -- my goal is to cooperate with staff to get these matters squared away so they do not continue. If they continue, one by one, then we'll need to resolve it with court action. I'm showing good faith & trying to work with staff, but that works both ways. Under the HIPAA confidential information of my status is still confidential (and those <sup>involved</sup> on a need to know) a search (put down) is applied to all persons not just transgender. It's a neglect of properly (e.g. Policy 3.22 - to single each sex out).

Offender Signature: X Hebert Danell Hay, #263672Date: 10/02/2019

Grievance Response:

This issue has been reviewed by The Office of the Inspector General and that office has determined that there is insufficient evidence to warrant opening a case. No further action will be taken.

Offender Signature:

Date:

Grievance Response:

Signature Authority:

C. MARTINEZ

Date: OCT 16 2019

Returned because: \*Resubmit this form when corrections are made.

Offender Signature:

☒ 1. Grievable time period has expired.☒ 2. Illegible/Incomprehensible.\*☒ 3. Originals not submitted.\*☒ 4. Inappropriate/Excessive attachments.\*☒ 5. Malicious use of vulgar, indecent, or physically threatening language.☒ 6. Inappropriate.\*

Signature Authority:

Returned because: \*Resubmit this form when corrections are made.

CGO Staff Signature:

☒ 1. Grievable time period has expired.☒ 2. Illegible/Incomprehensible.\*☒ 3. Originals not submitted.\*☒ 4. Inappropriate/Excessive attachments.\*☒ 5. Malicious use of vulgar, indecent, or physically threatening language.☒ 6. Inappropriate.\*

I-128 Back (Revised 11-2010)

Signature Authority:

Returned because: \*Resubmit this form when corrections are made.

## OFFICE USE ONLY

Initial Submission

CGO Initials:

Date UGI Recd:

Date CGO Recd:

(check one) ☐ Screened ☐ Improperly Submitted

Comments:

Date Returned to Offender:

2nd Submission

CGO Initials:

Date UGI Recd:

Date CGO Recd:

(check one) ☐ Screened ☐ Improperly Submitted

Comments:

Date Returned to Offender:

3rd Submission

CGO Initials:

Date UGI Recd:

Date CGO Recd:

(check one) ☐ Screened ☐ Improperly Submitted

Comments:

Date Returned to Offender:

CGO Initials:

Date UGI Recd:

Date CGO Recd:

Appendix G

Comments:



## Texas Department of Criminal Justice

OFFICE USE ONLY

# STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: Herbert Darrell Hay TDCJ # 263672  
 Unit: 4th Security Ellis St Housing Assignment: A F-2-29  
 Unit where incident occurred: John Seely Hospital

Grievance #: 2020007248  
 Date Received: SEP 16 2019  
 Date Due: 10-31-19  
 Grievance Code: 624  
 Investigator ID #: I1600  
 Extension Date: 12-15-19  
 Date Retd to Offender: NOV 11 2019

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. Gordon When? 09/10/2019  
 What was their response? said TDCJ won't pay for surgery as I was & medicine didn't say either  
 What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 09/10/2019, I was seen for a medical condition in which in the normal processes of treatment is hormone (female), then implant surgery, then sex change surgery. I was informed by the Doctor Gordon that TDCJ is refusing to patient with my condition the necessary surgery for this diagnosed condition which professional doctors consider a proper and necessary treatment. I have waited a long time to start this process, and no one advised me that I wouldn't be able to get it before I started. When I first requested it I was refused all treatment now I am getting some treatment, but being denied the complete treatment for my medical condition for non-medical reasons of money. This is discrimination because my medical condition is just as serious as any other medical condition, and it's the only complete medical treatment available. The denial of treatment has already effected my emotions and caused me mental anguish, as I am being told I am diagnosed as having a serious medical condition, but TDCJ will allow me to only be partially healed cause of costs, and I can expect that all other treatment is refused, and it is unwanted to my medical need for treatment. Other words, I am not considered a worthy human being in the need of medical care because it costs too much. We also know that ~~and~~ inhibit in the Drs. Co's, and Medical decision is the bias and prejudices toward Gays (Prevent to exist) or my strong sexuality that is not heterosexual -- the ADA and BADA enacted by Congress. We have come a long way from the bias and prejudice acts & omission, but this discrimination is not justified. It is simply what it is discrimination and it evinces "deliberate indifference" to my serious medical need for a sex change. It is a denial of Equal Protection and the Prohibition against Cruel and Unusual Punishment. See IV, VIII & XIV U.S. Const. Amend.

tion Requested to resolve your Complaint.

*that I be processed primarily and given implants and sex change surgery and such costs  
which be charged.*

Sender Signature: *X Herbert Danell Hry, #263672*

Date: *09/12/2019*

Grievance Response:

The review of your electronic medical record indicates there was an assessment/evaluation of Gender dysphoria on 9/11/2019; Gender Dysphoria Progress note. There is a follow up appointment scheduled with the Provider in 12 months.

Khari Mott, MBA

Estelle Health Administrator

Signature Authority:

*[Signature]*

Date: *10/3/19*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant; Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission. UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Appendix F



JAN 07 2020



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Herbert Darnell Hay TDCJ# 263672  
 Unit: PACK Housing Assignment: A-1-38  
 Unit where incident occurred: PACK

## OFFICE USE ONLY

Grievance #: 2020007248  
 UGI Recd Date: NOV 26 2019  
 HQ Recd Date: DEC 04 2019  
 Date Due: 1-10  
 Grievance Code: 1024  
 Investigator ID#: I0352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I wish to appeal Step 1 (# 2020007248) as it was received by me 11/26/2019, on expressive amount of time, and I received NO extension of time.

I wish to appeal as it failed to address the merits of my complaint. If I can't get the implants & surgery, then I will get the electrolysis and be transported to a female unit or "safekeeping" as it is unsafe to keep me in general population as I've been sexual assaulted by guards and inmates, and I live and will continue to be at risk for sexual injury or rape. I would prefer to get the sex-chang surgery to be complete, but if I can't do that then I am requesting to be properly protected until released. As my breast enlarge, so does my risk. I am sure not going to stop when I am so close. I really need this that's why I am willing to take the risks. But you all have to realize once started -- there no stopping as far as a male population is concern. Once I've been repeatedly "outed" by staff twice -- it can't be taken back. So let's go forward and finish this. I don't want to be played with as I am a serious person, and I have a serious medical need to be complete. It's already (honest) causing me anxiety and depression, and thoughts of ending this piece off, and if it wasn't for the fact I need it for the surgery, I would do so. So let's get serious.

Offender Signature: X Herbert Dorell Hay #263672Date: 11/22/2019

Grievance Response:

A review of the Step 2 medical grievance has been completed regarding your complaints of being denied gender reassignment surgery. You stated you were not advised the surgery would not be completed when you started the transformation from male to female. You asked to have the gender reassignment surgery and implants to be completed.

Review of the electronic health record (EHR) indicated you were seen by the Gender Dysphoria Clinic at Hospital Galveston (HG) 9/11/2019. No indication for surgery was made at that time. You were advised to continue the medications as prescribed and return to the clinic as scheduled. You currently have a follow-up appointment via Digital Medical Services (DMS) pending and will be notified when this appointment comes available.

All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. While you maintain the right to refuse any services offered, you do not have the liberty to dictate what medications, treatments, or appointments will be prescribed. The review of the documentation indicates that you did not attempt informal resolution of your medical concerns with the medical supervisory staff. Your facility has an Informal Complaints Process in place. If you have future medical, dental, or psychiatric-related complaints, you must first attempt resolution through this process. You are encouraged to work with the medical providers and staff to ensure the best outcome for your health care needs. No further investigation is warranted at this time.

Offender Signature:

**STEP II MEDICAL GRIEVANCE PROGRAM**  
**OFFICE OF PROFESSIONAL STANDARDS**  
**TDCJ HEALTH SERVICES DIVISION**

Date:

Grievance Response:

Signature Authority:

Date:

Returned because: \*Resubmit this form when corrections are made.

- ☒ 1. Grievable time period has expired.
- ☒ 2. Illegible/Incomprehensible.\*
- ☒ 3. Originals not submitted. \*
- ☒ 4. Inappropriate/Excessive attachments.\*
- ☒ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☒ 6. Inappropriate.\*

CGO Staff Signature:

Offender Signature:

Grievance Response:

Signature Authority:

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.

E128 Back (Revised 11/2010)

- ☐ 2. Illegible/Incomprehensible.\*

- ☐ 3. Originals not submitted. \*

- ☐ 4. Inappropriate/Excessive attachments.\*

**OFFICE USE ONLY****Initial Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

**Appendix G**





## Texas Department of Criminal Justice

OFFICE USE ONLY

# STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: Heebert Darrell Hay TDCJ # 268672  
 Unit: Pack Housing Assignment: A-1-38  
 Unit where incident occurred: Estelle (High Security)

Grievance #: 2020015581  
 Date Received: OCT 02 2019  
 Date Due: 11/16/19  
 Grievance Code: 643  
 Investigator ID #: I21047  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: OCT 16 2019

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Don Von, Warden When? 09/19/2019

What was their response? Said its State Classification responsible for scheduling

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I went to Transgender clinic/Program on 9/12/2019, and I saw another Pack transgender inmate were pulled off the return to Pack. According to M. Von this was the State Classification w/Transportation for this. Return on 9/20/2019.

I am complaining because it disrupted my transgender treatment (injections) as according to the medication aides they don't give transgender injections on Estelle. That is discrimination. They give injections to Detroids & B-12 inmates -- there can be no reason why they cannot give me my injections treatment ordered by my M.D. I cannot get restarted on my injections until 10/3/2019 according to the nurse.

In this kind of situation -- I should be transferred by von to the Transgender clinic -- directly to John Seely Hosp. in Galveston and returned the same day so my treatments are not stopped. I & J. Mondono # \_\_\_\_\_ should not be singled out to stay two full weeks at Estelle when they let G5's sit in the day room & leave their cells open. G5 are not ever supposed to be kept among G2 nor housed on the same cell block. -- It is only a matter of time until a transgender is raped or attacked by them. That is contrary to State law & this is 10 day notice that if it occurs again and I am exposed to G5 in the dayroom I will file for an injunction to end such housing at Estelle for transgender inmates.

## Action Requested to resolve your Complaint.

*That Pack class member whose transportation is transported by Van lot from John Seely Hosp. in Galveston, TX.*

Offender Signature: *X Herbert Daniel Nay, #263672*

Date: *01/01/2019*

## Grievance Response:

There is no medical indication to support transportation by unit van. No further action warranted, if your condition worsens submit a request to be seen.

Offender Signature:

Date:

Signature Authority: *L. Spica*

Date: *6/14/19*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. Indicate the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant. Refer to grievance # \_\_\_\_\_.
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

GI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

-127 Back (Revised 11-2010)

## OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Appendix F



## Texas Department of Criminal Justice

**STEP 2** DEC 05 2019 **OFFENDER  
GRIEVANCE FORM**

Offender Name: Hecheet Darnell HAY TDCJ # 263672  
 Unit: Pack Housing Assignment: A-1-38  
 Unit where incident occurred: Pack Unit

**OFFICE USE ONLY**

Grievance #: 2020015581  
 UGI Recd Date: NOV 27 2019  
 HQ Recd Date: NOV 01 2019  
 Date Due: 12-12  
 Grievance Code: 645  
10352  
 Investigator ID#: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because. Response (# 2020015581) failed to address merits. (Mr. Sholder response that no medical indication to support) unit m. Fails to address merit as Mr. Von, Warden stated it was a security (State Classification - Transportation). The bus I rode from John Seely Brock to Estelle, had a GS inmate in with the G2's. He was handcuffed & restrained after getting back to unit & separated in cage because the bus driver allowed him in with us & no one realized it till the officer who handle him seen him. Such condition shows that the bus & housing isn't safe for transgender inmates. Other inmates who were transported were also increasingly exposed by "deliberate indifference" to their protection needs and sexual assaulted. I know cause the bus driver told us this, but he still let a GS back in our section. For Gays & transgender inmates (particularly those with Breast) or particularly vulnerable to such advances or assaults. We are women housed with men, in transit it is even more dangerous for us. So there is a security need to insure we are transported & temporarily housed in safety. We should not be so exposed as it is reckless disregard.

Offender Signature: X Herbert Danell Hay, #263672Date: 10/21/2019

Grievance Response:

A review of the Step 2 medical grievance and documentation has been completed regarding your medical complaint you are gender dysphoria and should only be transported by van, not the bus for medical care due to having to wait overnight.

An appellate review of the Step 2 medical grievance and clinical record indicates the response at Step 1 is appropriate. Upon further review of your electronic health records (EHR), there is no indication you are required to travel by van. Furthermore, there is no documentation on your problem list or chronic care list indicating special transportation is needed. For more information on transportation of offenders, please review Correctional Managed Health Care (CMHC) policy E-42.3. Your unit of assignment is in accordant with your diagnosis of gender dysphoria. All your medical needs can be met at this time.

Further documentation indicates you did not attempt an informal resolution of your medical concern with the supervisory staff member. Please refer to Correctional Managed Health Care (CMHC) policy A-12.1, attachment A, regarding getting medical attention. No further action is warranted at this time through the grievance process.

Offender Signature:

**STEP II MEDICAL GRIEVANCE PROGRAM**  
**OFFICE OF PROFESSIONAL STANDARDS**  
**TDCJ HEALTH SERVICES DIVISION**

Grievance Response:

Signature Authority:

Date:

11/7/19

Returned because: \*Resubmit this form when corrections are made.

- ☒ 1. Grievable time period has expired.
- ☒ 2. Illegible/Incomprehensible.\*
- ☒ 3. Originals not submitted.\*
- ☒ 4. Inappropriate/Excessive attachments.\*
- ☒ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☒ 6. Inappropriate.\*

CGO Staff Signature:

Signature Authority:

Signature Authority:

Returned because: \*Resubmit this form when corrections are made.

Returned because: \*Resubmit this form when corrections are made.

I-128 Back (Revised 11/2010)

Returned because: \*Resubmit this form when corrections are made.

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**